

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 617 OF 2704
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MOVEON.ORG POLITICAL ACTION

Full Name (Last, First, Middle Initial)

A. Holly Mcmillan

Mailing Address 331 Dunemere Dr.

City	State	Zip Code
La Jolla	CA	92037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : 5579507

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Ann McNally

Mailing Address 1324 NE 196th Ave.

City	State	Zip Code
Portland	OR	97230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

Language Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2015

Transaction ID : 5563695

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Ann McNally

Mailing Address 1324 NE 196th Ave.

City	State	Zip Code
Portland	OR	97230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

Language Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : 5567587

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

245.00